

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-023146

3076

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3076

FILED JUL 6 1962

VS 300  
Rev. 4/59

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2 3358  
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4 1  
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|  |   |  |   |
|--|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>                                |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Kansas City</u>  |   | c. CITY OR TOWN <u>Kansas City</u>   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>4321 East 27th St.</u>   |   | d. STREET ADDRESS (If outside, give location)<br><u>4321 East 27th St.</u>   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <u>Ellen Christina</u> Middle <u>Jessen</u> Last <u>James</u>  |   | 4. DATE OF DEATH<br>Month <u>June</u> Day <u>6</u> Year <u>1962</u>  |   |
| 5. SEX<br><u>Female</u>  | 6. COLOR OR RACE<br><u>White</u>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH<br><u>6-14-1885</u>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Housewife</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Home</u>   | 9. AGE (last birthday)<br><u>76</u>   |
| 11. BIRTHPLACE (City and state or country)<br><u>Wisner, Nebr.</u>   |   | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>   |   |
| 13a. FATHER'S NAME<br><u>Andrew Jessen</u>   |   | 13b. MOTHER'S MAIDEN NAME<br><u>Anna Lund</u>  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>   |   | 17. INFORMANT<br>Address<br><u>Hallie Armstrong 4321 E 27th K.C. 27, Mo.</u>   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Carcinoma of stomach</u><br>DUE TO (b) <u>Carcinoma of breast</u><br>DUE TO (c) _____<br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>6 months</u><br><u>7 months</u>   |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   |   |
| 20c. TIME OF INJURY<br>Hour <u>5:30</u> a.m. p.m.<br>Month, Day, Year <u>3-1-62</u>  |   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |   |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |   | 20f. CITY, TOWN, OR LOCATION<br>COUNTY <u>Mo.</u> STATE <u>Mo.</u>   |   |
| 21. I attended the deceased from <u>3-1-62</u> to <u>6-6-62</u> and last saw him alive on <u>6-4-62</u><br>Death occurred at <u>5:30 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.   |   | 22a. SIGNATURE<br><u>Kenneth Adle</u> (Degree or title)<br><u>D.O.</u>   |   |
| 22b. ADDRESS<br><u>Blue Valley Clinic</u><br><u>5811 Truman Road K.C., Mo.</u>   |   | 22c. DATE SIGNED<br><u>6-9-62</u>  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   | 23b. DATE<br><u>6-9-62</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>I.O.O.F. Cemetery</u>   |   |
| 23d. LOCATION (City, town, or county)<br><u>Elmo, Missouri</u>   |   | 23e. DATE RECD. BY LOCAL REG.<br><u>6-11-62</u>  |   |
| 23f. REGISTRAR'S SIGNATURE<br><u>Ruth H Long</u>   |   | 23g. FUNERAL DIRECTOR<br><u>HARRY BUTLER FUNERAL HOME, INC.</u><br><u>P. O. BOX 11068 Antioch Station</u><br><u>Kansas City 19, Mo.</u>                              |   |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed E. C. Gibson  
E. C. Gibson

Licensed Embalmer No. 4137  
4737 North Highland  
P. O. Address K. C. 16, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.